

Health Partners LLC

130 Corridor Road, Box 830 Ponte Vedra Beach, FL 32004
Phone (904) 373-0942 Fax (904) 395-9018

General Consent for Care and Treatment

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended medical or diagnostic procedure to used so that you may make the decision whether or not to undergo any suggested treatment after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment for any identified condition(s).

This consent provides Health Partners LLC with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your provider about the purpose, potential risks, and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommended by your health care provider, Health Partners LLC encourages you to ask questions.

I voluntarily request a Health Partners LLC provider to perform reasonable and necessary medical examination, testing and treatment for the conditions which has brought me to seek care at Health Partners LLC.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to Patient

Printed Name of Witness

Employee Job Title

Signature of Witness

Date